



**Total Healthcare Claims Integrity,
Quality and Cost Containment**

**CMS RAC REGION D
MAY 2009**

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Agenda

- Overview of HDI
 - Company History
 - Healthcare Experience
 - Management Team and Key Personnel
 - Location
- Query Development
- Review Processes
- Provider Service



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HDI Mission

*HDI is the leading company
in health care claims integrity*

- Waste, fraud, abuse and improper payment
identification and recoupment solutions –
for the government sector (Medicare/Medicaid),
health plans, and major employers

RAC Mission: Ensure integrity of Medicare claims through the
identification and correction of improper payments




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HDI Management Team

Andrea Benko, President & CEO

- HealthDataInsights co-founder and President, 2000-present
- Davita, 1998-1999 (NYSE:DVA)
- Total Physician Services, Inc., 1996-1998
- Vesicare, Inc., 1994-1996
- Total Pharmaceutical Care, Inc., 1990-1994 (NYSE: AHG)
- Laboratory industry and clinical nursing, 1977 – 1986, 1988-1990
- BSN, Wayne State University, 1977
- MBA, Harvard Business School, Harvard University, 1988



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RAC Key Personnel

Lane Edenburn, EVP, General Counsel

- HealthDataInsights, 2005-present
- CMS, Branch Manager, Program Integrity, 2003 - 2005
- Private practice, healthcare / technology, 1991-1997, 2001-2003
- Physicians Resource Group, Inc., 1998 - 2001
- The EyePA, Inc., 1997-1998
- BS, Business Administration, Southwest State University, 1986
- Creighton University School of Law, 1991

Judy Zwick, VP of Implementation Services

- HealthDataInsights, 1998 - present
- Anthem Blue Cross Blue Shield, 1989 -1998
 - Audit and Recovery Operations – Ohio
 - Medicare Risk, Traditional
- University of Cincinnati, 1994 -1995
- Xavier University, 1996 -1997



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RAC Key Personnel

Ellen Evans, M.D., Corporate Medical Director

- HealthDataInsights, 2007 - present
- Mutual of Omaha, Medicare Division, VP and Medical Director, 2005 - 2007
- VNA Outreach to Homeless Youth, Physician, volunteer, 2006 - 2008
- Blue Cross Blue Shield of Nebraska, Physician Reviewer, 2001 – 2005
- Geriatric Consultation Services, Nebraska, Director, 1993 – 2006
- MCMC Medical Care Ombudsman Program, Ind. Reviewer, 2000 - 2005
- Creighton University Medical Center, St. Joseph Hospital, Senior Staff, 1988 to 2008
- Board-certified Diplomate, ABFM
- Certificate of Added Qualification, Geriatric Medicine, ABFM/ABIM
- Diplomate, American Board of Quality Assurance and Utilization Review Physicians
- Fellow, American Academy of Family Physicians
- B. S. Biology, University of Houston, 1975
- M.D., University of Texas Medical School at Houston, 1983



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RAC Key Personnel

**Robin Luten, RN, BSN, CCM, CHCQM,
VP of Quality Management / UR**

- HealthDataInsights, 2006 - present
- Heart of Florida Regional Medical Center, Director of Case Management, 2005-2006
- Florida Hospital, Associate Director of Case Management, 1995-2005
- Oncology and Staff Nurse, 1980-1995
- Diplomate, American Board of Quality Assurance and Utilization Review Physicians
- BSN, University of Phoenix, 2001
- MBA, University of Phoenix, 2003



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Physician Advisory Boards

CMS Physician Advisory Board –
Chairman: Sam Green, MD, Cliff Molin, MD, MBA

- Oversee Total Quality Management Program
- Specialty focused Board to identify, review and validate queries and result sets

Quality Advisory Board –
Chairman: William Keane, MD

- Merck & Co., Vice President, Clinical Development (rtd)
- Chairman, Dept of Medicine, Hennepin County Medical Center (rtd)
- MD, Yale University, School of Medicine



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Physician Advisory Boards

Technology Advisory Board –
Chairman: Amar Chahal, MD, MBA

- Co-founder of several high-tech companies
- Merck, informatics and outcomes division
- MBA from Columbia University; MBBS (MD) from the Armed Forces Medical College, Pune, India; Fellow of the Royal College of Surgeons (FRCS), Edinburgh, Scotland

Payors / Members Advisory Board –
Chairman: Donald Miller

- Board of Directors (rtd): Schering-Plough, The Bank of New York
- Executive Management, Dow-Jones & Company; Deputy Assistant Secretary of Defense
- PMD, Harvard Business School



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Quality Management Program

- Existing Medical Advisory Board
 - Six physicians representing various specialties
- Review staff and review process similar to provider, QIO and Claim Processing Contractor review processes
- IRR (Inter-rater reliability) program



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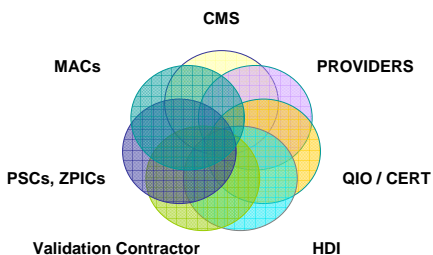
Quality Management Program


- Review guidelines: Federal statutes or regulations, CMS Regulations, NCDs, LCDs, and review guidelines, such as McKesson InterQual & Milliman (guidelines only support clinical review judgment)
- CMS RAC Validation Contractor performs Quality Reviews and accuracy scores



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CMS RAC Program






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New Issue Ideas


- Where does HDI get its query ideas?
 - Data Analysis
 - SAS analysis, data mining, trending
 - Policy/ Rules and Regulations
 - LCDs & NCDs
 - IOM
 - CRs
 - Federal Regulations
 - Reports (Outcomes)
 - QIG Reports
 - QIOs
 - GAO Reports
 - CMS Publications
 - RAC Vulnerability Calls & other known vulnerabilities
 - Industry & Practice Experience
 - Provider Associations (underpayments)
 - HDI Industry experience



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HDI Audits

- Automated – Claims data analysis
- Complex – Medical record review
- References applied to Date of Service



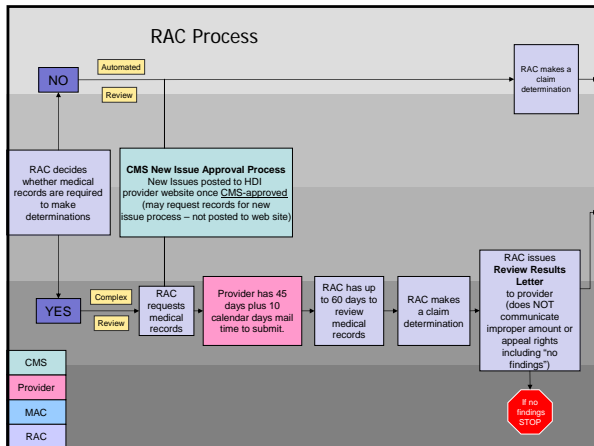
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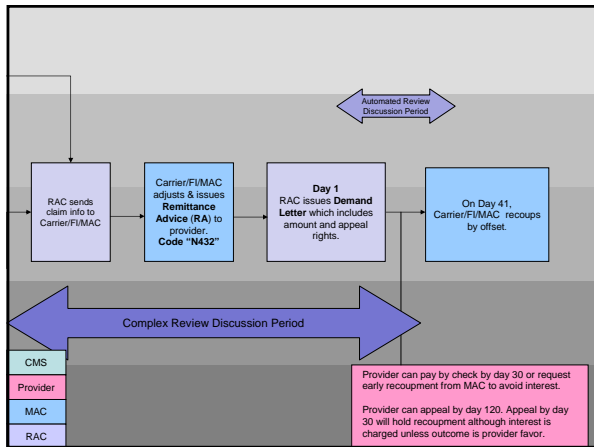
HDI Review Personnel

- Same types of reviewers used by providers, QIOs, Claim Processing Contractors
- Certified coders
- Licensed RNs with specialties
- Inter-rater Reliability Reviews
- MD over-site and support



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Discussion Period

- After provider receives Results Review letter (complex) or Demand letter (automated)
- Incoming discussion period materials are received via fax or mail
- Additional materials submitted during discussion period are carefully reconsidered by independent reviewer who was not involved in original improper payment determination
- HDI decision is sent to provider in writing
- HDI coordinates activity with Claims Processing Contractor

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Appeals

- Provider appeal rights remain as per CMS policy
- The AHA has estimated that it costs a provider an average of \$2,000 to \$7,000 to file a RAC appeal [sources: American Hospital Association and the Wellington Group]
- Interest rates approximate 12% annual rate
- Unnecessary and non-meritorious appeals are expensive and time consuming for all parties



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HDI Provider Service

- Experienced staff, each with average of 15+ years of claims and CMS policy experience
- Internal training and policy education for each finding
- Weekly team meetings – CMS instruction, contractor and provider communication, education
- Regular team notifications
- Clinically-supported issue response(s)
- HDI RECOUP™ system - dynamic audit trail of all activity



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HDI Contact Information

Provider Service


- Part A/Hospice: (866) 590-5598
- Part B/DME: (866) 376-2319
- Fax:
Hospital & Hospice: (702) 240-5595
Physician/DME: (702) 240-5510
- Email: racinfo@emailhdi.com
- RAC website: www.racinfo.com or www.healthdatainsights.com



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Provider Contact Information

- HDI RAC web-site to be launched ~ May 2009
www.racinfo.com
 or
www.healthdatainsights.com
- Hospital provider letter will include user name and password
- Provider logs on, changes password, and provides contact information for RAC letters
- Contact Informational Letter will be mailed to hospital Compliance Officer or CFO



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HDI Provider Website



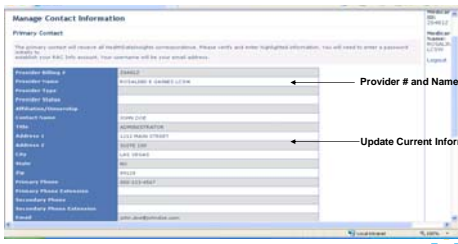
Sign In



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HDI Provider Website

Contact information for mailings currently for hospitals




Provider # and Name Default

Update Current Information



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Questions?



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